

Graduate Student Requisition for Payment

This form is used to authorize Research Assistantship Stipends, Research Assistantship Salaries, and Departmentally funded TA payments. Please **complete the form electronically**, then **print, sign** and return the form to the **Faculty of Graduate and Postdoctoral Affairs 512 Tory**. *Original signatures only. The deadline for submission is two full business days before the 15th and 30th of each month.*

SECTION A - GENERAL STUDENT INFORMATION

STUDENT NUMBER	LAST NAME	FIRST NAME
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
*REGISTRATION STATUS IN TERM OF PAYMENT	PROGRAM	DEPARTMENT
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NOT REG'D	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
*PAYMENT TYPE: <input type="checkbox"/> RESEARCH ASSISTANTSHIP <input type="checkbox"/> TEACHING ASSISTANTSHIP (DEPARTMENTALLY FUNDED ONLY)		

SECTION B - RESEARCH ASSISTANTSHIP QUESTIONNAIRE

Please answer the questions below to determine the type of payment for the RA recipient. The types of payments are defined as follows:

Research Stipend: The primary purpose of the award is to further the education and training of the student in his or her individual capacity. (See CRA Interpretation Bulletin [IT-75R4, 11-13](#))

Research Salary: The primary purpose of the payment is for compensation related to the performance of research-related services. (See CRA Interpretation Bulletin [IT-75R4, 14-15](#) and [Income Tax Act Section 5\(1\)](#))

- Will the RA recipient have primary responsibility for how the research is designed, executed and reported?
 - Yes - I will primarily provide guidance or mentorship.
 - No - I will have primary control over all aspects of the research and the recipient will work largely under my direction.
- Is the recipient intended to receive the full amount of the payment regardless of the hours worked or any delivered results?
 - Yes - The primary purpose of the payment is to further the education and training of the recipient.
 - No - The payment is compensation for assistance on a research project and the recipient is accountable for the hours and/or work.

RA Payment Type:

For research assistant type payments, an answer of "Yes" to both questions will result in a STIPEND payment type unless the student is not registered in the term of payment. For RA Payment types of "Salary" or for TA payments, you must fill in the Rate of Pay, Total Hours, and answer the Employer Source Deductions question.

SECTION C - TERMS OF PAYMENT

PAYMENT PERIOD/TERM	FUND	ORGN	ACCOUNT	ACTIVITY	TOTAL AMOUNT DUE
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring 20 20 20 SEP - DEC JAN - APR MAY - AUG	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
RATE OF PAY/HOURLY RATE	TOTAL HOURS	Payment Amount to Include Employer Source Deductions? (see instructions for further details)		<input type="radio"/> YES <input type="radio"/> NO	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>				
PAYMENT FREQUENCY	<input type="radio"/> ONE TIME PAYMENT (on next pay date after End Date) <input type="radio"/> RECURRING PAYMENT (must cover full months)		START DATE	END DATE	
			<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

**For one time payments, the END DATE cannot be a future date.*

SECTION D - AUTHORIZATION OF PAYMENT

SIGNING AUTHORITY ID	PRINT SIGNING AUTHORITY NAME	DEPARTMENT
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
SIGNING AUTHORITY SIGNATURE	DATE	PHONE EXT.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Assistant Director, Employee Services, FIPPA Representative for Human Resources, Room 507 Robertson Hall, (613)520-2600 x8635. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.